

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# ANNUAL REPORT FOREIGN L.L.C.

Please Type or Print Clearly in Ink

**FILING FEE: \$50** Make check payable to **SECRETARY OF STATE**

1. L.L.C. ID and Name:

FILE DATE \_\_\_\_\_

RECEIPT NO \_\_\_\_\_

Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

FILING DATE: Due during the month  
the Certificate of Authority was issued,  
and delinquent after the last day of the  
following month.

2. The jurisdiction under whose law it is formed \_\_\_\_\_

3. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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4. The name of the South Dakota Registered Agent \_\_\_\_\_

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
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5. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager	Street Address	City	State	ZIP+4
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Manager	Street Address	City	State	ZIP+4
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Manager	Street Address	City	State	ZIP+4
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Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized manager or member)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)